



Title	Validity and equivalence of the SF-12v2 Health Survey for a Chinese Population
Author(s)	Lam, CLK; Lam, ETP; Huang, WW
Citation	The 16th Annual Conference of the International Society for Quality of Life Research (ISOQOL 2009): Integrating HRQOL in Health Care Policy, Research, and Practice, New Orleans, Louisiana, USA, 28-31 October 2009, p. A-89, abstract no. 124/1264
Issued Date	2009
URL	http://hdl.handle.net/10722/139438
Rights	

whether CM consultation could significantly improve the quality of life of patients; and to explore any correlation between patient's subjective assessment and CM practitioner's objective evaluation. **METHODS:** A prospective, longitudinal study on 526 consecutive new patients who consulted the several CM outpatient clinics in Hong Kong. Each subject was asked to complete the Chinese Quality of Life instrument-HK version (ChQOL-HK), the Chinese (Hong Kong) SF-36 (SF36-HK) and a structured questionnaire on socio-demography, morbidity and service utilization, before the consultation with the CM practitioner. Each subject was followed up two weeks later at the clinic when he/she was re-assessed by the CM practitioner and was asked to complete the ChQOL-HK and SF36-HK again and a global rating on change of the condition. **RESULTS:** One fourth of the subjects had not used other health services before consulting the CM clinics. The ChQOL-HK and SF36-HK domain (except physical functional) scores of subjects improved significantly two weeks after the consultations. 79.3% of subjects reported an improvement in their global rating of change in their condition, and 87% of the subjects were rated by the CM practitioners to have improved. There was significant correlations between changes in HRQOL scores with patient's global rating and with CM practitioner's assessment. **CONCLUSIONS:** Many subjects used CM as the first primary care service. CM consultations were associated with significant improvement in HRQOL of patients. Further research with longer follow-up period is needed to examine the long-term HRQOL outcome of CM treatments, and comparative studies between the effectiveness of CM and Western Medicine will be useful for informing the public on their relative roles in the primary health care services.

124/1264/Validity and Equivalence of the SF-12v2 Health Survey for a Chinese Population

Cindy L. Lam, Elegance T. Lam, Wen-Wei Huang, *Medicine (Family Medicine Unit), University of Hong Kong, Hong Kong SAR, China*

AIMS: The scoring method of version 2 of the SF-12 Health Survey (SF-12v2) was revised to give both profile and summary scale scores, but there is little information on its validity and psychometric performance. This study determined whether the SF-12v2 was a valid and equivalent substitute of the SF-36-v2 Health Survey for the Chinese. **METHODS:** 2410 Chinese adults randomly selected from the population in Hong Kong answered the SF-36v2 by telephone. Test-retest reliability was evaluated by intra-class correlation (ICC) on 200 subjects. Criterion validity was assessed by Pearson correlations and regressions of SF-36v2 on SF-12v2 scores. Construct validity and sensitivity were assessed by known-group comparisons. Equivalence between the SF-12v2 and SF-36v2 scores were assessed by effect size (ES) and relative validity (RV). **RESULTS:** ICC was good (>0.7) for the summary (PCS and MCS) scores but modest (0.6 -0.8) for domain scales. The SF-12v2 scores were strongly correlated with and explained $>80\%$ of the total variances of the SF-36v2 scores. Construct validity and sensitivity were confirmed by significant lower SF-12v2 scores in people with chronic diseases than those without. The ES between norm-based SF-12v2 and SF-36v2 scores were all less than 0.3 for different groups. RV of SF-12v2 against the SF-36v2 scores ranged from 0.2 to 1.26 with a tendency of low efficiencies in the vitality, social functioning and mental health domains. **CONCLUSIONS:** The SF-12v2 was valid, reliable and sensitive for the Chinese adult population. It is an adequate substitute of the SF-36v2 for the summary scales but may be less sensitive for the evaluation of specific HRQOL domains.

125/1566/PSYCHOSOCIAL, DISEASE AND DEMOGRAPHIC PREDICTORS OF QUALITY OF LIFE

Jose L. Pais-Ribeiro, *Psychology, Estela Vilhena, ICBAS, Porto University, Porto, Portugal, Isabel Silva, Psychology, Fernando Pessoa University, Porto, Portugal, Luisa Pedro, Physiotherapy, Polytechnic Institute, Lisboa, Portugal, Helena Cardoso, ICBAS, Madalena Abreu, Psychology, Porto University, Porto, Portugal, Ana Martins, Neurology, Hospital Sto. António, Porto, Portugal, Antonio Martins-da-Silva, Neurology, ICBAS, Hospital St. Antonio, Porto, Portugal, Denisa Mendonca, ICBAS, Porto University, Porto, Portugal*

AIMS: The main objective of the study is to identify predictors of Quality of life (QOL) between a group of disease, demographic and psychological variables. More specifically is to discover whether dependent variables-DV (subjective well being, and three components of SF-36 physical, mental and well being) considered as Quality of life indicators, change in function of independent variables-IV (disease, demographic and psychological), considered as QOL causal indicators. MANOVA answer the question if, holding all else constant, are mean differences in composite DV among groups of an IV larger than expect by chance? **METHODS:** The study is cross sectional: Participants constitute a sequential sample of 359 chronic patients (obese, diabetes 1 and 2, epilepsy, myasthenia, multiple sclerosis, and cancer) with a diagnostic for more than three years, aged between 18 and 65 years, 76.9 females, that returned to usual life after diagnostic. Patients were accessed for the outcomes QOL, with Personal Wellbeing, a measure of subjective well being, and three components of SF-36 (physical, mental and well-being) considered as functional QOL indicators; the predictors are multiple somatic complaints, severity of disease perception, time since diagnostic, perception of stigma, school level, age, neuroticism, extraversion, social support, negative affect. We inspected correlations between DVs and they show acceptable correlations (between .40 and .68) to be included in the equation. **RESULTS:** Results show that perception of disease severity, and school level, do not contribute in a statistically significant way for the explanation of any of the DVs. All other variables contribute to DVs, with adjusted R^2 between .33 and .53, the lowest contribution for physical component and the highest for mental component. **CONCLUSIONS:** Results shows that the consideration of QOL as a composite of three complementary variables can be better discriminator, and that a wide group of complementary psychosocial, disease and demographic variables, can be identified as contributors for QOL.

126/1712/The effects of enhanced low vision rehabilitation

Yoshimi Suzukamo, Mineko Ono, Shin-ichi Izumi, *Physical Medicine and Rehabilitation, Tohoku University, Sendai, Miyagi, Japan, Ikumi Takatsu, Shinshi Chin, Ophthalmology, Tohoku University Hospital, Sendai, Miyagi, Japan, Mariko Yamamura, Takako Yokoyama, Chie Sotozono, Ophthalmology, Kyoto Prefectural University of Medicine, Kyoto, Japan, Naoko Yoshimura, Yoshitaka Yamagata, Yamagata Eye Clinic, Nishinomiya, Hyogo, Japan, Sanae Asonuma, Ophthalmology, Osaka University Hospital, Suita, Osaka, Japan, Kimie Asano, Nagoya Isen, Nagoya, Japan, Noburo Ando, Ophthalmology, Saiseikai Niigata Daini Hospital, Niigata, Japan*

AIMS: Many of previous studies have suggested that a lack of training in the use of low vision aids reduce the effectiveness of the low vision rehabilitation. The enhanced low vision rehabilitation (ELVR) including the home-based training may improve the rate of utilization of aids and their quality of life. The aim of this study is to investigate the effects of ELVR for closed circuit television (CCTV) as low vision aid on quality of life and task performance.